

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002624

FILED  
Feb 15, 2009  
Secretary of State

**Entity Name:** SABAL BEND AT WATERFORD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3906 WOODGLADE COVE  
WINTER PARK, FL 32792 YY

**New Principal Place of Business:**

**Current Mailing Address:**

3906 WOODGLADE COVE  
WINTER PARK, FL 32792 YY

**New Mailing Address:**

**FEI Number:** 59-3643947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANAGEMENT SCIENCES, INC.  
3906 WOODGLADE COVE  
WINTER PARK, FL 32792 YY

**Name and Address of New Registered Agent:**

MANAGEMENT SCIENCES, INC.  
3906 WOODGLADE COVE  
WINTER PARK, FL 32792 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

02/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: BLACK, RANDY  
Address: 614 CANARY ISLAND CT  
City-St-Zip: ORLANDO, FL 32828 US

Title: DP ( ) Delete  
Name: PLUMLEE, RICHARD  
Address: 460 CANARY ISLAND CT.  
City-St-Zip: ORLANDO, FL 32828 US

Title: D ( ) Delete  
Name: LOBEN, LORAINÉ  
Address: 14025 KING SAGO CT.  
City-St-Zip: ORLANDO, FL 32828 US

Title: DS ( ) Delete  
Name: MAYBERRY, LESLIE  
Address: 602 CANARY ISLAND COURT  
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete  
Name: SURRENCY, FRED  
Address: 610 CANARY ISLAND COURT  
City-St-Zip: ORLANDO, FL 32828

Title: DT (X) Delete  
Name: BRAZ, MATTHEW  
Address: 494 CANARY ISLAND COURT  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: WISER, FRANK  
Address: 625 CANARY ISLAND COURT  
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD PLUMLEE

DP

02/15/2009

Electronic Signature of Signing Officer or Director

Date